

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
faxed
2008 SEP 18 AM 10:40

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Henry V. Rayhons

Political Party (if applicable)

Rep.

Office Sought

State Representative

District (If Senate or House)

11

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

968

Logged In

Scanned

Computer

WRS

Audited

9-29-08

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Henry V. Rayhons

SIGNATURE OF PERSON FILING REPORT

641-923-2979

TELEPHONE

9-18-08

DATE SIGNED

I AM FILING A

May 19th 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED

May 19th 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County or Local Committees, enter County in
which election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

503.56

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

2033.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

1186.16

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

2500.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
<i>11/08</i>	ID# <i>9737</i> CK# <i>1084</i>	<i>Iowa Harness Horse</i> <i>329 43rd St.</i> <i>Des Moines, Ia. 50312</i>		<i>\$ 150.00</i>	
<i>1/26/08</i>	ID# CK# <i>3565</i>	<i>Thurman Garskill</i> <i>1320 Birch Ave</i> <i>Corwith, Ia. 50430</i>		<i>250.00</i>	
<i>2/15/08</i>	ID# CK# <i>7910</i>	<i>Don Furman</i> <i>855 11th St. Place</i> <i>Garner, Ia. 50438</i>		<i>100.00</i>	
<i>2/15/08</i>	ID# CK# <i>2142</i>	<i>Dorothy Christenson</i> <i>125 W. 11th St.</i> <i>Garner, Ia. 50438</i>		<i>30.00</i>	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$ 530.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

2008 SEP 18 AM 10:40
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

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CANDIDATE COMMITTEES ONLY:

Candidate Name

Henry V. Rayhons

Political Party (if applicable)

Rep.

Office Sought

State Representative

District (Senate or House)

11

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SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

May 19th 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☒☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

503.56

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

530.00

Schedule F: Loans Received total (Attach Schedule F)

1000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2033.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

847.40

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 1186.16

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

2500.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FORM
DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/26/08	ID# CK# 3565	Thurman Gaskill 1320 Birch ave Conwith, Ia. 50430		\$ 250.00	<input type="checkbox"/>
1/12/08	ID# 9737 CK# 1084	Iowa Harness Horse 329 43rd St. Des Moines, Ia. 50312		150.00	<input type="checkbox"/>
2/15/08	ID# CK# 7910	Don Furman 855 11th St. Place Garney, Ia. 50438		100.00	<input type="checkbox"/>
2/15/08	ID# CK# 2142	Dorothy Christenson 125 W. 11th St. Garney, Ia. 50438		30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 530.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

SCHEDULE

B

(Rev. 06/97)

☐ **Expenditures**
 CHECK THIS BOX IF
 AMENDING FORM

Date Expended	check No	Purpose	Amount Expended
DATE	NAME AND ADDRESS OF	PURPOSE	AMOUNT
1/26/08	2634	State of Iowa Capitol Cards	50.00
2/11/08	2635	Donna Rayhons 2820 Oak Ave Garner, Ia. 50438	adv. Postage Cards 350.00
2/11/08	2636	Duncan Hall Duncan, Ia.	Reserve hall 250.00
2/16/08	2637	Waldorf College F.C. Ia. 50436	adv. 30.00
2/27/08	Bank	MBT Bank F.C. Ia. 50438	for checks 13.40
3/15/08	2638	B.C. Church B.C., Ia.	adv. Dinner 12.00
3/22/08	2639	Woden Finnen Woden, Ia.	adv. B.F. 10.00
3/28/08	2640	Winn. Cattlemen Thompson, Ia	adv. supper 40.00
4/14/08	2641	State of Iowa	Capitol Cards 50.00
5/12/08	2642	U.S. Post Office	Stamps 42.00

SUB-TOTAL \$

TOTAL (if last
page of this
schedule)

\$

847.40

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule B)

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Rayhons for State Representative

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 150000

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
2/11/08	H.V. Rayhons 2820 Oak Ave Garner, Pa. 15438	candidate	\$ 100000

TOTAL (PART I)

\$ 100000

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E -- TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 250000

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